MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

CLAIM	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP	CLAIM	IND	DEP	IND	DEP	IND	DEP
1	1												
2	1						51						
3		1					52		1				
4		1					53		1				
5		1					54		1				
6		1					55		2				
7		1					56		1				
8		1					57		1				
9		1					58						
10		1					59						
11		1					60						
12		1					61						
13		1					62						
14		1					63						
15		1					64						
16		2					65						
17		2					66						
18		1					67						
19		2					68						
20		2					69						
21		2					70						
22		2					71						
23		2					72						
24		2					73						
25		2					74						
26		3					75						
27		3					76						
28		3					77						
29		3					78						
30		2					79						
31		2					80						
32		2					81						
33		2					82						
34		3					83						
35		2					84						
36		2					85						
37		2					86						
38		2					87						
39		2					88						
40		2					89						
41		2					90						
42		2					91						
43		2					92						
44		①					93						
45		2					94						
46		2					95						
47		2					96						
48		2					97						
49		2					98						
50		1					99						
							100					1	
TOTAL IND.							TOTAL IND.	2					
TOTAL DEP.							TOTAL DEP.	88					
TOTAL CLAIMS							TOTAL CLAIMS	90					